



**Counties:** Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania and Yancey

**The Issues:**

- WHN needs an **Acute** Care Continuum, not just “crisis system”.
- WHN is #2 utilizer of state hospitals in NC; #1 at Broughton State Hospital.
- WHN ranks 11<sup>th</sup> in the state for per capita state hospital utilization.
- WHN ranks #1 for Medicaid Inpatient Psychiatric Hospital utilization.
- WHN ranks #1 for use of Medicaid PRTFs for youth.
- WHN ranks #2 for Medicaid Inpatient Substance Abuse Treatment.
- **179** Psychiatric/Substance Abuse Hospital beds were lost in 1999-2000 in Buncombe, Henderson & Transylvania counties.
- WHN Acute Care system lacks robust crisis response and diversion systems.

**Addressing the Issues:**

- **LME Crisis Plan**

- Crisis Stabilization Unit in Asheville – opens 1/1/08
- 72 Hour Crisis Stabilization Beds in Rutherford, Pardee and Park Ridge Hospitals
- Therapeutic Foster Care – Crisis Beds => combine Mobile Crisis Management + TFC (Crisis) – must pay for *availability* – need to underwrite the costs and settle on expenditures at the end of the year
- 1<sup>st</sup> Responders – address Community Support providers who refuse to respond to consumers at hospitals, magistrates, law enforcement – Plan of Corrective Action/Training
- “Wet Shelter” to open in Buncombe County – 11/07
- Crisis Plan Training – for providers
- Homeless/Housing Issues – Homeless MH Housing Initiative – housing 33 individuals who have had multiple hospital, substance abuse treatment episodes + law enforcement, jails, prison involvement

- Vocational – WHN pays for what VocRehab will not pay for in services
- Lack of SA Provider in Rutherford/Polk Counties – working to recruit SA providers with enhancing salaries and an integrated care project with MD office in Polk County
- CIT (Crisis Intervention Training for law enforcement) – Memphis Model will be taught at Asheville-Buncombe Tech in the winter of 2008.
- Core Provider Intake Slots – paying \$50/assessment slot for IPRS consumers - \$18,000 month average
- \$113 Grant awarded to WHN to purchase telepsychiatry equipment to start being used in the rural northern counties of Madison, Mitchell and Yancey

- **LME Plan to Utilize Inpatient Pilot to Decrease State Hospital Utilization**

- **GROW** an Acute Care network
- Add Care Coordinator for BSH Acute Adult Admissions Unit
- Add Care Coordinator for local hospital ERs – facilitate diversion & 1<sup>st</sup> Responder issues
- 24/7/365 Dual Diagnosis Community Support Team – MHA will develop. Function like IDDT (Integrated Dual Diagnosis Treatment Team [SAMHA Evidenced Based Practice model]); must have Peer Support Specialists as part of staff.
- Defray costs of providers to go to BSH, meet with consumers, attend treatment teams and transport home – develop Crisis Plan on return trip.
- Medication/Labs – medications MUST continue when a consumer is discharged from BSH, regardless of how long it takes to “get a doctor’s appointment”
- WHN Emergency Services – assigned FTE manager/supervisor for the Crisis Continuum
  - Contact law enforcement, magistrates, clerks-of-court, hospital ER staff, providers, shelters and others in community to inform about diversion
- Wet Shelter – outreach to engage consumers into treatment by the Community Support Team
- Consumer Support Groups – develop groups that are targets for consumers to land for helping them develop lives beyond treatment/supports
- 2<sup>nd</sup> Year – expand CST into all counties, major investments in housing (with Revolving Loan), supported employment services and expand GERO Specialty Team
- Reserve in case numbers cannot be decreased by 40% in 18 months (10% 1<sup>st</sup> Six Months -15% 2<sup>nd</sup> Six Months -15% 3<sup>rd</sup> Six Months)
- Develop accurate data systems between BSH & WHN